

<b>Case Number:</b>	CM15-0075089		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/16/2001
<b>Decision Date:</b>	05/27/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old, male who sustained a work related injury on 1/16/01. The diagnoses have included closed lumbar vertebra fracture, lumbosacral disc degeneration and spondylolisthesis. The treatments have included medications and epidural steroid injections. In the PR-2 dated 10/28/14, the injured worker complains of low back pain with spasms. He complains of a burning pain in low back area with spasms into legs. The treatment plan is a prescription refill for Norco. On 10/10/14, the injured worker was given a prescription for refills for Norco and Valium per a telephone request. He was not seen by a physician. In a report from another physician dated 2/23/15, the Valium was to be discontinued.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Norco 10/325mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term users, on-going management, When to continue Opioids, Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** Regarding the request for Norco (hydrocodone/acetaminophen), Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Furthermore, the DEA has reclassified Norco as of October 6, 2014 as a Schedule II Controlled Medication. Because of this reclassification, refills are not allowed, and closer monitoring is encouraged. Since this request includes a refill request, it is not appropriate to request a 6 month supply of this medication. The CPMTG requires active monitoring of the 4 A's including aberrant behaviors and urine drug testing which should be done at random intervals. The independent medical review process cannot modify request, and this original request is not medically necessary.

**Valium 5mg ##30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks; tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an anti-depressant." This request is of a time frame for a 6 month supply. This is not appropriate for benzodiazepine for a couple reasons. Firstly, the guidelines recommend only short term use. Secondly, there should be a standard of care of monitoring for aberrant behaviors including drug testing for patients on controlled substances, as well as monitoring for side effects and efficacy. Thus it is more reasonable to prescribe a shorter interval, but the IMR process does not modify requests. The original request is not medically necessary.